Link Learning Trust

Supporting pupils with medical conditions

Adopted: March 23

Reviewed: March 25

Medicines policy and meeting medical needs

We are committed to ensuring all pupils with medical conditions:

- have full access to education, including school trips and physical education;
- enjoy the same opportunities as any other child
- are properly supported so they can play a full and active role in school life
- remain healthy
- feel safe
- achieve their academic potential

We will:

- ensure our parents and carers feel confident that we will provide effective support for their child's medical condition
- establish relationships with relevant local health services in order to make decisions about the best possible support we provide
- fully consider advice from healthcare professionals
- listen to and value the views of parents and pupils
- ensure our arrangements show an understanding of how medical conditions impact on a child's ability to learn
- increase confidence and promote self-care

- ensure that staff are properly trained to provide the support that pupils need.

Section 100 of the Children and Families Act 2014 places a duty on Trust Boards of academy schools to make arrangements for supporting pupils at their school with medical conditions. Our trustees are fully committed to ensuring that these arrangements are in place. This policy document should be considered in conjunction with all other relevant duties, policies and guidance. For example, Health and Safety legislation, the SEND code of practice and the Equality Act 2010.

Admissions

Children with medical needs have the same rights to admission to our school as others. This means that no child with a medical condition should be denied admission or prevented from taking up a place at a Trust Schooll because arrangements for medical conditions have not been made. However, in line with our safeguarding duties we will ensure that pupils' health is not put at unnecessary risk from, for example infectious diseases. A child will not be accepted in our schools at times where it would be detrimental to the health of that child or others to do so. Under these circumstances, we will seek advice from medical professionals.

In line with the Equality Act 2010 and SEN code of practice, our schools will make reasonable adjustments for disabled children, including those with medical needs. Some pupils may also have special educational needs (SEN) and may have a statement, or Education, Health and Care plan (EHCP) which brings together health and social care needs as well as their special educational provision. Their needs will also be met through our Additional Needs policy.

Most children will have some short term medical needs such as requiring antibiotics, others have long term needs e.g asthma, epilepsy, diabetes, anaphylaxis. For those pupils with long-term and complex medical conditions or conditions which fluctuate or where there is a high risk that emergency intervention will be needed an individual health care plan will be put in place.

Procedure to be followed when notification is received that a pupil has a medical condition

- Admission meeting with Head of School and/or Deputy Head teacher
- Admission form completed (medical needs/ allergies indicated)
- Parent/ Carer Information about a Child's Medical Condition completed (Appendix B)
- Pupil added to medical needs register

- Team Around the Child meeting to discuss support with parent, Deputy Head or SENDCo and relevant healthcare professionals and if individual healthcare plan necessary (Appendix C)
- Class teacher/ relevant staff informed of medical needs
- Arrangements to be in place in time for the start of the relevant school term or in a case such as a new diagnosis or moving mid-term, every effort to be made to ensure arrangements are in place within two weeks

Developing individual healthcare plans

- An individual healthcare plan will be put in place if necessary following the Team Around the Child meeting (Appendix C)
- Agree at meeting who will lead on writing the IHCP. Input from the healthcare professional must be provided
- The format and level of detail in the plan will vary depending on the specific needs of each pupil
- Pupils should be involved whenever appropriate
- Staff training needs identified
- Healthcare professional deliver training and staff must be signed off as competent- review date agreed
- IHCP implemented and circulated to all relevant staff
- IHCP reviewed annually or when condition changes. Parent, school or healthcare professional to initiate

Information to be recorded on individual healthcare plans

- the medical condition, its triggers, signs, symptoms and treatments
- the pupils resulting needs, including medication (dose, side- effects and storage)
- specific support for the pupils educational, social and emotional needs
- who will provide support/ training

- who in school needs to be aware of the child's condition and support required
- arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff
- separate arrangements required for school trips and other school activities outside of normal school hours that will ensure a child can participate, e.g. risk assessments
- confidentiality issues discussed/ agreed information to be shared
- what to do in an emergency, including who to contact and contingency arrangements

Roles and Responsibilities

LINK Learning Trust will delegate this responsibility to the Academy Councils

The Academy Councils are responsible for:

- ensuring the Heads of Schools develop and effectively implement policy with partners and school staff, including regular policy review;
- ensuring the Heads of Schools makes all staff aware of this policy on supporting pupils with medical conditions and all staff understand their role in its implementation;
- designating a named individual who is responsible for effective implementation of this policy (*SENCo*);
- ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at our schools with medical conditions are made clear to both staff, parents/carers and the child;
- ensuring that all relevant staff are aware of an individual child's medical condition and needs;
- ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. are able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including in contingency and emergency situations;
- ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix A);

- ensuring that cover arrangements are always available in the event of staff absence or staffing changes including briefing for volunteers, supply teachers and appropriate induction for new members of staff;

- ensuring that individual healthcare plans (IHCPs) are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person;

- ensuring that individual healthcare plans (IHCPs) are monitored and are subject to review, at least annually, or sooner if needs change;

- ensuring that risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations;

- ensuring that risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations;

- ensuring that appropriate insurance is in place to support staff to undertake this role;

- ensuring that a complaints procedure is in place and is accessible.

Heads of Schools

The Heads of Schools are responsible for:

- ensuring that the notification procedure is followed when information about a child's medical needs are received (Appendix A);

- ensuring that parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Appendix B)

- deciding, on receipt of a ''Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Appendix D), on case by case basis, whether any medication or medical intervention will be administered, following consultation with staff;

- deciding, on receipt of a 'Parent/Carer Request for the Child's Self–administration of Medication/Medical Intervention (Appendix E), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical intervention will be self-administered by the child, following consultation with staff, if appropriate;

- ensuring that procedures are understood and implemented by all staff, volunteers and pupils.

School staff

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines. Although administering medicines is not part of teachers professional duties, they should take into account the needs of pupils with medical conditions they teach. There is no legal or contractual duty for school staff to administer medicines.

At our schools, staff who are comfortable with administering medicines will receive appropriate guidance and training in order for them to do this. Or staff will be specifically employed to administer medicines as part of their job description, for example TAs employed to support specific children.

Where children have an Individual Healthcare Plan (IHCP) the roles and responsibilities of staff will be clearly recorded and agreed.

All staff will be made familiar with this policy as part of their induction training.

All staff must complete a 'Record of Administration of Medicines/ Medical Intervention to an Individual Pupil' (Appendix J/K)

Parents/ carers

Parents must provide their school with sufficient and up-to-date information about their child's medical needs. Parents in some cases are first to notify their school that their child has a medical condition through the admissions procedures. Parents are key partners and will be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or the nominated adult are contactable at all times.

'Parent' refers to the child's carer. Only one parent needs to authorise the administration of medicines, where parents disagree with the administration of medicines the matter must be settled in court. In the meantime, the school continues to administer the medicine in line with the prescription and the consenting parent's instructions until a court decides otherwise.

Parents must fill in the necessary school documents and realise that without this written consent schools cannot administer medicines.

Parents/carers are required to:

- provide their school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Appendix B);
- complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Appendix D) to gain consent for medicines / medical interventions to be administered at school;

- complete, if appropriate, a 'Parent/Carer Request for the Child's Self–administration of Medication/Medical Intervention' form (Appendix E) to gain consent for medicines / medical interventions to be administered by the child;

- provide up to date contact information so that parents/carers or other nominated adults are contactable at all times;

- carry out any action they have agreed to as part of the implementation of an Individual Healthcare Plan (IHCP); (Appendix C)

- provide any medication in its original packaging, with the pharmacy label stating the following:

    a) the child's name
    b) the child's date of birth
    c) name of medicine
    d) frequency / time medication administered
    e) dosage and method of administration
    f) special storage arrangements

- ensure that medicines or resources associated with delivery of a medical intervention have not passed the expiry date;

- collect and dispose of any medicines held in school at the end of each term or as agreed;

- provide any equipment required to carry out a medical intervention e.g. catheter tubes;

- collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

Confidentiality:

Ideally, parental permission will be sought before information about their child's health is passed onto other school staff (on a need to know basis)

Medical information must always be treated confidentiality. Agreement needs to be reached with a parent who has access to the information. If a parent does not agree to share information with relevant staff it will

be necessary to hold a planning meeting with healthcare professionals to ensure adequate support is in place. Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable for the purposes of safeguarding or promoting the welfare of a child.

In the event of legal action over an allegation of negligence the employer rather than the employee is likely to be held responsible, unless the school's policies and procedures have not been followed. In general, the consequences of taking no action, particularly in the case of emergency situations are likely to be more serious than those of trying to assist in an emergency.

Pupils

Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions and sufficient support should be put in place.

Individual Healthcare plans

Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals. (Appendix C)

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

a) an overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs;
b) a description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities;
c) arrangements around administration of medication(s) / medical intervention(s);
d) arrangements around management of medical emergency situations;
e) arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc;
f) risk assessment for access to the school environment and curriculum;
g) arrangements for evacuation in the event of an emergency;
h) the level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable;
i) how, if agreed, the child is taking responsibility for their own health needs;
j) a reference to staff confidentiality.

Appendix G is a Flow Chart to guide schools through deciding which elements of the IHCP are relevant to an individual child.

Individual Health Care Plans will be reviewed annually or sooner if needs change.

Intimate and Invasive Care

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils Individual Healthcare Plan IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix H (Medicines and Medical Interventions).

School nurses

Our schools are supported by the school nurse team. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. The community nursing team is a valuable resource for the school seeking advice and support in relation to children with a medical condition.

Staff training and support

All staff will receive awareness training so that they are aware of this policy and their role in implementing the policy. (See induction policy) The relevant healthcare professional will advise on training that will help ensure that all medical conditions in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Professional development opportunities will be provided to all relevant staff and appropriate training delivered by healthcare professionals.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. This will be reflected and updated in individual healthcare plans. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions unless healthcare professionals, including the school nurse, can provide confirmation of staff in medical procedure, or in providing medication.

A record of staff training carried out will be kept, identifying the date review or refresher training where appropriate. (Record of staff training- Appendix L)

Emergency procedures

The Heads of School will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures. (Health and Safety Policy)

- Children must be trained to tell an adult in case of an emergency.
- All staff must know how to call emergency services
- In case of an emergency the following staff must be informed immediately:
    1. The Heads of School, or in their absence the Deputy, in her absence the appropriate assistant Head then phase leader.
    2. First Aider if appropriate
- A member of staff must always accompany a child in an ambulance and wait until the parent arrives at the hospital.
- If the parents are not at the hospital the health care professionals will always make medical decisions, not the teacher.
- Staff should not take children to hospital in their own car.
- Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

a) an Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication;

b) a Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the Personal Emergency Evacuation Plan should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

- Staff will follow the procedure for contacting emergency services. (Appendix N)

Procedures for managing the administration of prescribed medicines during the school day: including school trip / outings:

- Medicines should only be taken in school when it would be detrimental to a child's health or school attendance not to do so. The parent must make reasonable timing adjustments where possible. For example, 3 times a day – before and after school and bed time.

- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date but will generally be inside an insulin pen or pump, rather than its original container.
- The parent/ carer must complete medicine administering form (Appendix 2)
- It must be recorded what, when and how much medication is given to a child, this demonstrates our duty of care. Who has administered the medication must also be recorded. Any side effects of the medication administered should be noted.
- No member of staff may administer anything out of its original container e.g. tablets in foil or change the dosage as specified by the health professional.
- When no longer required, medicines should be returned to the parent to arrange safe disposal. Sharp boxes should always be used for the disposal of needles and other sharps.

Procedures for managing the administration of controlled drugs during the school day: including school trip / outings:

- Occasionally controlled drugs may be prescribed for a child as long as the drug is administered according to school policy the drug can be administered.
- Such drugs must be kept in a locked non-portable container (e.g. the school safe). Only named staff are to have access. A record of access to the drug must be recorded for audit and safety purposes. Controlled drugs should be easily accessible in an emergency.
- As with all medicines, the controlled drug must be returned to the parent after use. The parent must be advised to return the drug to the pharmacist for safe disposal.
- If the parent is not able to do this the Head of School will assume this responsibility.

Procedures for managing the administration of non- prescriptive medicines during the school day: including school trip / outings:

- This must never be administered without the parent's written consent (Appendix 2)

- If the child still has adverse effects the parent must take the child to their GP.
- A child under 16 should NEVER be given an aspirin- containing medicine unless prescribed by a doctor.

Record keeping

Written records must be kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that procedures have been followed. Parents should be informed at the earliest opportunity if their child has been unwell at school.

Self Management:

It is good practice to support and encourage children to take responsibility to manage their medication from quite an early age. This age will vary, depending on the developmental maturity of the child.

Older children should take complete responsibility as soon as they are able for their medical needs, of course this should be under the supervision of an appropriate adult. When the time is right for a child a parental consent form (appendix 3) will need to be completed.

Refusing Medicines:

If a child refuses to take medicine, staff should not force them to do so. This must be recorded. Parents need to be informed as soon as possible and if the refusal results in an emergency situation, emergency medical attention must be sought.

Off-site and extended school activities:

Pupils with medical conditions will be actively supported in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.

Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.

School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.

School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and

relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.

In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens, school will make alternative arrangements for the child.

Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

Safe storage of medicines:

- Large volumes of medicines should never be stored
- Staff should only store, supervise and administer med that has been prescribed for an individual child
- Children need to know who will supervise the taking of the medicine
- All emergency medicines, inhalers and adrenaline pens should be readily available (with regard to other children's safety around access) to the user or their whereabouts be known to the adult in charge. They must not be locked away.
- Medicines requiring refrigeration should be kept in the appropriate place in school.
- Sharps boxes should be used for the disposal of needles.
- All staff need to take precautions around hygiene and infection control. Staff should use protective disposable gloves.

Unacceptable practice

In each LINK Learning Trust school, each case is judged individually with reference to the child's individual healthcare plan. It is not acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion;

- Send children with medical conditions home frequently or prevent them for normal school activities, including lunch, unless specified in their healthcare plans;
- If the child becomes ill, send them to the school office on their own or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- Prevent pupils from drinking water, eating or taking toilet or other breaks whenever they need in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support for their child, including toileting issues. No parent should have to give up work because the school is failing to support their child's medical needs;
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including trips, eg by requiring parents to accompany the child.

Confidentiality and sharing of information within our Trust

Schools are aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.

School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.

Where the child has an Individual Healthcare Plan (IHCP) this will be shared with key staff with regular scheduled re-briefings.

School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.

School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

Liability and indemnity

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

Complaints procedure

Should parents or pupils be dissatisfied with the support provided they should discuss their concern with the SENDCo or Heads of School directly. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Appendix A

Sample Procedure following Notification of a Pupil's Medical Needs

Notification

- School receives notification of child's medical condition and needs from parent/carer, LA, healthcare professional or other school.
- Parents asked to complete **'Parent/Carer Information about a Child's Medical Condition'form (Template A)**.
- School notifies School Nursing Service if the child has not yet been brought to their attention.

Initial Meeting

- School Lead and parents/carers meet to discuss **'Parent/Carer Information about a Child's Medical Condition' form (Template A).**

Formal Request

- Parent/carer completes **'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B),** if required
- Parent/carer completes **'Parent/Carer Request for the Child's Self–administration of Medication/Medical Intervention' form (Template C),** if required.

Multi-agency Meeting

- School co-ordinates a multi-agency meeting to include parents/carers, relevant healthcare professionals and any other professionals or agencies involved to identify pupil support needs and staff training needs.

Staffing

- School consults with staff to plan for the administration of any medication or medical intervention.
- Appropriate training is provided for staff and recorded on **'Record of Staff Training' form (Template E).**

IHCP

- School develops an **Individual Healthcare Plan** (IHCP), if appropriate, with parents/carers, pupil, healthcare and other relevant professionals.
- IHCP agreed by parents/carers and the school.

Appendix B

LINK Learning Trust

Parent/Carer Information about a Child's Medical Condition

Date	
Child's Full Name	
Group / Class / Form	
Date of Birth	
Child's Address	

Family Contact Information

1. Name	
Relationship to Child	
Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	

APPENDIX C

2. Name	
Relationship to Child	
Phone no. (work)	
Phone no. (home)	
Phone no. (mobile)	

Healthcare Professional Contact Information

GP (General Practitioner)

Name	
Medical Practice / Health Centre	
Phone no.	

Hospital / Clinic Consultant / Specialist Nurse

1. Name	
Position / Job	
Based at	
Phone no	
2. Name	
Position / Job	
Based at	
Phone no	

Community Health e.g. paediatrician, physiotherapist, occupational therapist

1. Name	
Position / Job	
Based at	
Phone no	
2. Name	
Position / Job	
Based at	
Phone no	

Child's Medical Information

Diagnosis / Condition(s)	

Regular Medicine

1. Name	
Time administered	
Side – effects	
Contra-indications	

Does the child require this medicine to be administered regularly e.g. every day during the school day? Y / N (please circle)

2. Name	
Time administered	
Side – effects	
Contra-indications	

Does the child require this medicine to be administered regularly e.g. every day during the school day? Y / N (please circle)

Medicine Administered in a Medical Emergency

Name	
Side - effects	
Contra-indications	

Does the child require this medicine to be administered in school?
Y / N (please circle)

Regular Medical Intervention e.g. catheterisation, suction/tracheostomy care

Name of intervention	
Time administered	
Equipment used	

Does the child require a medical intervention to be administered regularly e.g. every day during the school day? Y / N (please circle)

Mobility – movement and walking

Walking aids used	
Support needs	
Physiotherapy needs / programmes	

Personal Care

Dressing needs	
Eating / drinking needs	
Bathroom / Toilet needs	

Other Information

Parent / Carer Declaration and Signature

I agree that this is, to the best of my knowledge, up to date and accurate information about my child's current medical needs.

I agree to school informing the School Nursing Service about my child's needs, if this service is not already aware.

I agree to **inform school of any changes in medical needs or medication**, **immediately** and **in writing**.

Parent/ Carer's Full Name (Please print)

_____

Signature _____

Date _____

School Use Only	
Date Received	
Action(s)	
School Nursing Service	Service aware Y / N If no, date that School Nursing Service informed
Date Review Due	

Appendix C

PERSONAL INFORMATION
Name: Address: Date of Birth: Class: Medical Condition: Date plan drawn up: Review date:

CONTACT INFORMATION
Family contact 1 Name: Contact number: Relationship:
Family Contact 2 Name: Contact number: Relationship:
GP Name: Contact number:

Clinic/ Hospital Contact:
School nurse Name: Contact number:
Any other professional involvement

MEDICAL INFORMATION
Describe medical condition and details of individual symptoms
What are the perceived concerns/ barriers to accessing education?
Daily requirements (e.g. before sport/ at lunchtime/ additional support if required/ toileting)
Describe what constitutes an emergency for the pupil, and the action to be taken if this occurs
Who is responsible in an emergency? (state if different at different times of the day)

What arrangements are in place for supporting the pupil in returning to school if there has been absence due to medical needs?

Action points (e.g. improve attendance/ access to the curriculum/ support at break and lunch) All action points should highlight who is responsible and timeframes so they can be reviewed and ensure the plan is accurate

Appendix D

LINK Learning Trust

Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s)

The school will not give your child medicine or carry out a medical intervention unless you complete this form to make a formal request to the Head Teacher / Principal. By signing this form, you are also consenting to staff administering medicine or carrying out the medical intervention and sharing relevant information with staff, if the request is granted.

Child's Name	
Group / Class / Form	
Date of Birth	
Medical Condition(s)	
Date	

Medicine

1. Name of Medicine	
Dosage	
Method of Administration	
Timing(s)	
Side-effects	
Other information	

Potential Emergency Situations

Self – administration Y / N (Please circle)

Note: if self – administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self–administration of Medication/Medical Intervention' must *also* be completed.

2. Name of Medicine	
Dosage	
Method of Administration	
Timing(s)	
Side-effects	

Other information

Potential Emergency Situations

Self – administration Y / N (Please circle)

Note: if self – administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self–administration of Medication/Medical Intervention' must *also* be completed.

Medical Intervention e.g. catheterisation, tracheostomy care

Type of Intervention	
Procedure	
Timing(s)	
Other Information	

Potential Emergency Situations

Self – administration Y / N (Please circle)

Note: if self – administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self–administration of Medication/Medical Intervention' must *also* be completed.

Parent/ Carer Contact Details

Name	
Relationship to Child	
Daytime contact no.	
Address	

Parents/Carers Declaration and Signature

The above information is, to the best of my knowledge, accurate at the time of writing.

If agreed by the Head Teacher / Principal, I give consent to school staff to administer medicine / medical intervention in accordance with the school policy and following specialist training, where appropriate.

I will **inform the school immediately**, **in writing**, if there is any **change in dosage** or **frequency of the medication**, if the **medicine is stopped** or if there are any **changes to the procedure** for the delivery of a medical intervention.

Parent/Carer's Full Name (Please print)

_____

Signature _____

Date _____

School Use Only	
Date Received	
Action(s)	
Date Agreed by Head Teacher / Principal	
Date Review Due	

Appendix D

LINK Learning Trust

Parent/Carer Request for the Child's Self–Administration of Medication/Medical Intervention

Child's Details

Child's Name	
Group / Class / Form	
Date of Birth	

Parent/Carer's Contact Details

Parent/ Carer Full Name	
Phone no. (home)	
Phone no. (work)	
Phone no. (mobile)	

GP

Name of GP	
Medical Practice / Health Centre	
Phone no.	

Parent/Carer Declaration and Signature

I confirm that I have completed the Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s) (Template B) form.

I request and agree to the following medicine(s) or medical intervention(s) being self-administered in school by my child: (please add the names of the medicines or type of intervention)

1. _____
2. _____
3. _____

I request and agree to: (please tick from the following)

☐ my child carrying the stated medicine(s) independently and safely

☐ school holding the stated medicine(s) safely for my child to collect and administer independently

☐ school holding the stated medicine(s) safely for my child to collect and

administer independently under the supervision of a member of staff

☐ my child carrying any equipment or resources required for the stated medical intervention independently and safely

☐ school holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently

☐ school holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently under the supervision of a member of staff

I undertake to ensure that the school has adequate supplies of stated medicines(s) or resources required to administer the stated medical intervention(s).

I undertake to ensure that stated medicine(s) or resources: are in the original container as dispensed by the pharmacy; have the pharmacy label stating the child's name, dosage and timing of administration; have not passed the expiry date; have details of storage instructions, if appropriate.

I undertake to inform the school **in writing** if there are any **changes to medicine(s) or medical intervention(s)** e.g. change of dose, change of timings or frequency or if administration is stopped.

Parent/ Carer's Full Name (Please print)

_____

Signature _____

Date _____

School Use Only	
Date Received	
Action(s)	
Date Review Due	

Appendix F Medication Authorisation

Form to be completed for each continuous period of authorisation

Name of Child	

Class	
Date	

I give my permission for the following medication to be administered to my child as detailed below.

Medication Name	
Illness/diagnosis	
Dose to be administered	
Frequency of administration	Every hours.
Named bottle	Yes/No
Instructions included	Yes/No

Administration schedule

Time administered at home	
Time to administer at school	
No. of days required	
Date start course (if applicable)	
Date finish course (if applicable)	

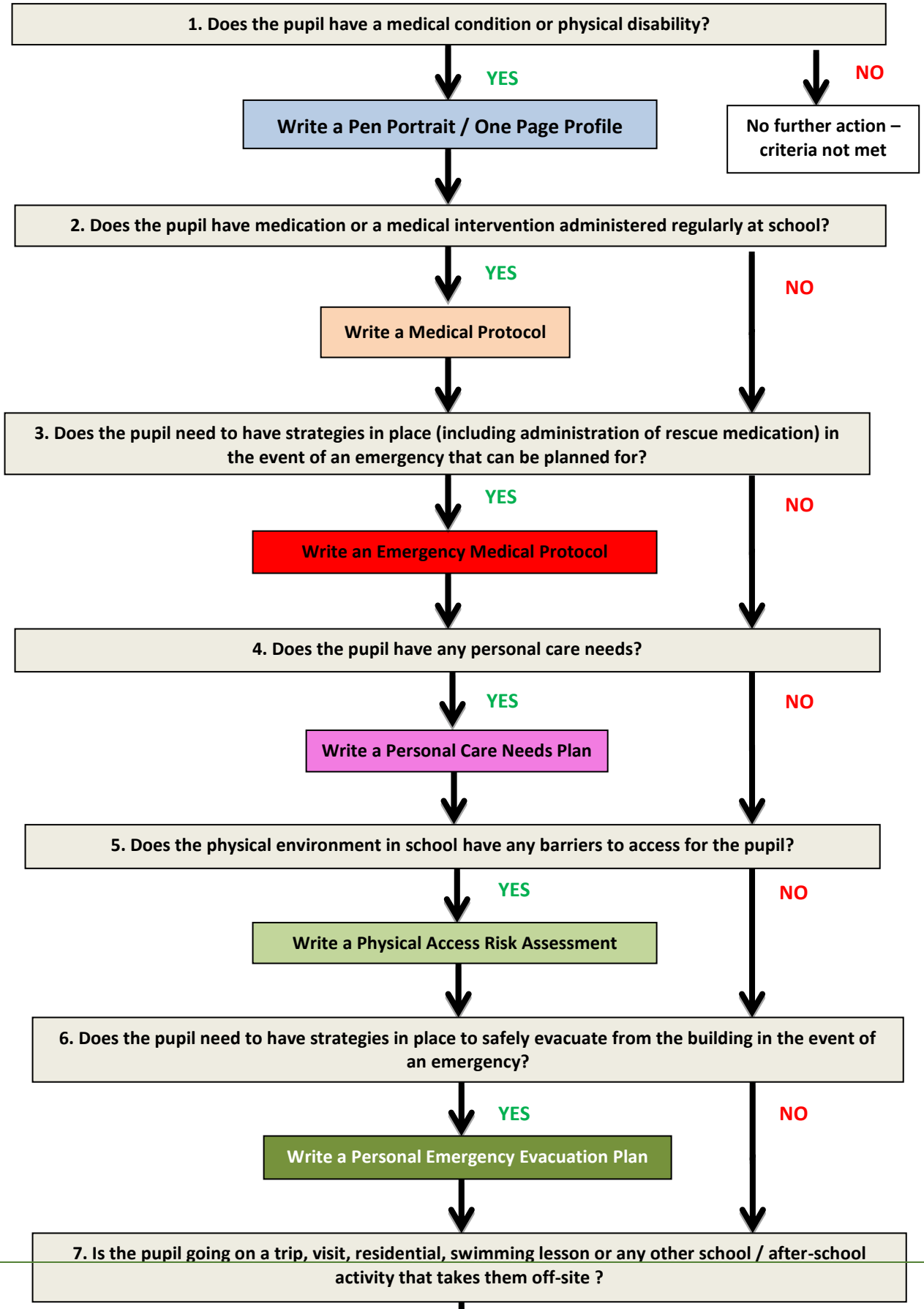
Time Given	Dose Given	Monday	Tuesday	Wednesday	Thursday	Friday

Signed: _____

Relationship to child _____ Date: _____

Individual Healthcare Planning (IHCP) Flow Chart

Flow Chart courtesy of Lancasterian Outreach and Inclusion Service (LOIS)



Medicines and Medical Interventions Appendix H

Some of the medicines and medical interventions commonly managed within special and mainstream schools are detailed below.

Medicines

Medical Needs	Medicine	Training Requirements
Adrenal Insufficiency	Hydrocortisone	
Diabetes Type 1	Insulin	Training by specialist nursing team required
Eczema	Topical corticosteroids Emollients (moisturising creams)	
Epilepsy (rescue mediation in the event of a seizure)	Midazolam hydrochloride (Buccolam) Midazolam maleate (Epistatus)	Training by specialist nursing team required
Muscle spasm (Cerebral Palsy)	Baclofen	
Severe allergy / anaphylaxis	Adrenaline (EpiPen)	Training by specialist nursing team required

Medical Interventions

Situation	Medical Intervention	Training Requirements
Blood-Glucose (Sugar) Level Monitoring	• Testing procedure includes taking a small blood sample	Training by specialist nursing team required
Catheterisation	• Clean Intermittent Catheterisation (CIC) • Self – Catheterisation (CIC) • Management of In-Dwelling Catheter	Training by specialist nursing team required
Diabetes and Insulin management	• Injection of insulin (insulin pen) • Dose management	Training by specialist nursing team required
Gastrostomy / Nasogastric feeding (tube feeding into the stomach)	• Bolus (Gravity) feeding procedure • Pump feeding procedure • Management of stoma site	Training by specialist nursing team required
Hickman (Central) Line	• Awareness raising, management and monitoring	Training by specialist nursing team required
Oxygen Therapy	• Management of oxygen via cylinders	Training required by suppliers and specialist nursing team
Tracheostomy	• Trache and equipment care and management • Suction	Training by specialist nursing team required

	• Changing / replacing trache tube	

Appendix I

Record of Administration of Medicines/Medical Intervention to an Individual Child e.g. under an IHCP

Child's Name _____ Date of Birth _____ Group / Class / Form _____

Date of Administration	Name of Medicine / Medical Intervention	Dose Given (if appropriate)	Time	Observations e.g. side effects, reactions	Name of Staff Administrating / Supervising	Signature

Appendix J

Record of Administration of Medicine(s) to Children without an IHCP

Date	Name of Child	Group / Class / Form	Name of Medicine	Dose Given	Time	Observations e.g. side effects, reactions	Name of Staff	Signature

Appendix K

Record of Staff Training

Name of Staff Member	
Type of Training Received	
Date Training Completed	
Training Provider	
Name of Trainer	
Profession and Title	

Trainer Declaration

I confirm that _____ (name of member of staff) has received the training detailed above.

I recommend that this updated annually / every two years / other _____ (please delete as appropriate).

Trainer's Signature _____

Date _____

Member of Staff Declaration

I confirm that I have received the training detailed above.

Staff Signature _____

Date _____

School Use Only	
Date Review Due	

Assessment of Significant Hazards for School Appendix L

Hazard Consider: Location(s); specific pupils medical special needs; behaviour and supervision of group; weather or other changeable factors; emergency plans; and other specific risks and group management arrangements	**Persons at Risk**	**Control Measures**	**Comments** **Actions**	**Residual Risk Rating**
Lunchtime		Action:		
Classroom 1) **Risk -**		Action:		
3)Trips **Risk -**		Action:		
4) General Awareness		Action: 1		

GENERAL INFO

Appendix M

Procedure for Contacting Emergencies Services

Requesting an Ambulance

Dial 999.

Speak clearly and slowly.

Be ready to repeat information if asked.

You will be asked for three key pieces of information:

1. your telephone number
2. the location you want the ambulance to be sent to
3. the reason for the call

1. School's telephone number is _____

2. School Name _____

   School Address _____

   School Postcode for SAT NAV _____

   Best entrance to the school site _____

   Exact location of the patient within the school

STATE THAT THE AMBULANCE WILL BE MET BY A MEMBER OF STAFF WHO WILL TAKE THE CREW TO THE PATIENT

3. Name of Child

   Age of Child

   Description of Child's Symptoms

   Inform if underlying Medical Condition
   Inform if any emergency rescue medication has been administered *e.g. midazolam - epilepsy, epipen - allergies, glucose – diabetes*

   Inform if any emergency procedures have been carried out *e.g. suction/trache tube replacement – tracheostomy, button replacement – gastro feed*

On Arrival of the Ambulance

- Member of staff to meet crew and escort crew to the patient
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate
- In the case of a child with complex needs, member of staff to pass over the child's IHCP or summary letter stating child's medical condition and medication
- Member of staff to travel in the ambulance with the patient